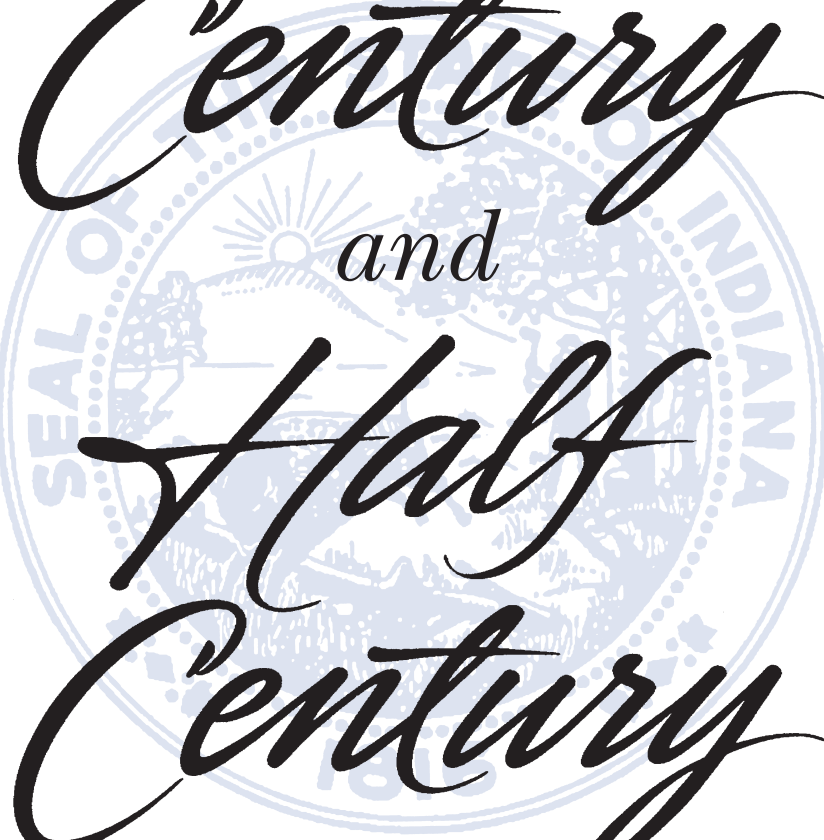


2009 Governor's

*Century*  
*and*  
*Half*  
*Century*

The seal of the State of Indiana is visible in the background, featuring a circular design with the words "SEAL OF THE STATE OF INDIANA" around the perimeter. The central image depicts a landscape with a rising sun, a river, and a Native American figure holding a bow and arrow.

Business Awards

The Century and Half Century Business Awards program is designed to recognize long-term achievements of Indiana companies. The award program is open to all businesses that are a minimum of 50 years old and have a **solid track record of community service**. Companies nominated for the Century Award must have been in operation 100 years or more, and companies in operation for 50 to 99 years are eligible for the Half Century Award.

These awards are a tribute to Indiana's well-established companies and their outstanding contributions to the economic growth and prosperity of the state. Award winners will be recognized by Governor Mitchell E. Daniels, Jr., at a ceremony in the **Statehouse Rotunda on November 4, 2009, at 2:00 p.m. EST**. Century Award recipients will receive a commemorative award, and Half Century Award recipients will receive a framed certificate for display.

**Qualifying criteria are as follows:**

*Please read carefully.*

- **Business must recognize, acknowledge and agree that they are in full compliance with the following agencies by signing the application: Secretary of State, Department of Revenue, and Department of Workforce Development.**
- Business must have reached the Century or Half Century mark by December 31, 2009.
- Month and year that company was founded must be included.
- **Complete company federal tax identification number must be included.**
- Standard Industrial Code (SIC) must be included if applicable.
- Continuous operation in Indiana for 100 (or 50) years by December 31, 2009.
- Involvement in the same type of business as when the company was founded. If different, an explanation of the evolution into the current business must be provided on the nomination form.
- Located in the state of Indiana for base operations since the company was founded.
- If ownership has shifted from the original founder, the nomination form must show chain of ownership from founder to present.
- **Not-for-profit** corporations and hospitals are **not eligible**.
- A company may receive the Century or Half Century Award **only one time**. Half Century Award recipients may later qualify for a Century Award.

A company must be nominated by an individual or organization within the same community. **The nominator may not be employed by or otherwise affiliated with the company. Each nominator can submit no more than five (5) companies for each award.** Companies must have demonstrated active involvement within the community. Examples of community service include: sponsorship of teams, clubs or organizations; charitable endeavors; or public service. **If no community service is listed on the nomination form, the application will not be accepted.** Nominators should use the "Other" section to include interesting stories, anecdotes or achievements that may be used during the awards ceremony to relate the unique and outstanding qualities of the company.

To nominate a company, please complete the following form and return it to the Indiana Economic Development Corporation. **Mailed or faxed applications must be stamped with the date received in the Marketing and Communications Department by 5:00 p.m. EDT on September 4, 2009. Absolutely no late forms will be accepted.** All information will be held confidential.

This application is available online at [www.in.gov/iedc/files/CHC\\_Application.pdf](http://www.in.gov/iedc/files/CHC_Application.pdf). (You must have Adobe Acrobat Reader to open the file.) You may fill it out online, then print and mail or fax the completed application to the Indiana Economic Development Corporation.

Thank you for assisting the governor in recognizing and honoring our fine Indiana businesses.

## NOMINATION FORM

The form below must be filled out and signed by the **nominator and nominee**. All nomination forms must be typed and all questions answered thoroughly. Attach additional typed pages if necessary. Please do not submit photographs or other materials that need to be returned. **Incomplete or late nomination forms will not be considered.** Please see the checklist on the back page to ensure you have completed this application.

**No handwritten forms will be accepted.**

### NOMINATOR

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

### COMPANY BEING NOMINATED

Full Company Name: \_\_\_\_\_

Federal Tax I.D. # \_\_\_\_\_

*The Federal Tax I.D. # must match the I.D. # on the nominee's tax return.*

SIC Code (if applicable): \_\_\_\_\_

President or Manager: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

County: \_\_\_\_\_ Region (see map): \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date Company Founded: Month \_\_\_\_\_ Year \_\_\_\_\_

Original Company Name (if different from above): \_\_\_\_\_

Original Address (if different from above): \_\_\_\_\_

Chain of Ownership: \_\_\_\_\_

Brief History of Company (attach an additional page if necessary): \_\_\_\_\_

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*continued on back*

Number of Years in Business: \_\_\_\_\_

Community Service (specify the organization(s) and activities): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### **APPLICATION CHECKLIST**

**(Must be fully completed and signed by the nominator and nominee)**

- ☐ Company meets qualifying award criteria
- ☐ All parts of the application have been filled out completely
- ☐ Company has fulfilled community service requirement
- ☐ Company is in full compliance with the following agencies: Secretary of State, Department of Revenue, and Department of Workforce Development

*Signature of Nominator*

*Date*

\_\_\_\_\_

*Signature of Nominee*

*Date*

\_\_\_\_\_

*By signing this application, I recognize, acknowledge and agree that my company is in full compliance with the following agencies: Secretary of State, Department of Revenue, and Department of Workforce Development.*

#### **NOMINATION DEADLINE – SEPTEMBER 4, 2009**

Please submit applications to the Indiana Economic Development Corporation. Nomination form must be stamped with the date received in the Marketing and Communications Department by **5:00 p.m. EDT on September 4, 2009**. Each nomination will be reviewed by a committee. Winners will be notified the week of October 5, 2009. **Late applications will not be accepted.** For more information, please contact Sheila Hazelwood at 317.233.9634.

Mailing address for nomination forms:

**Sheila Hazelwood**

**Marketing and Communications Department**

**Indiana Economic Development Corporation**

**One North Capitol, Suite 700**

**Indianapolis, IN 46204-2288**

Fax number for nomination forms:

**317.233.9851**

**Attn: Sheila Hazelwood**